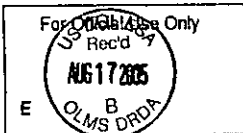


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U - 8791 | 2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div> |
| 3. Name and address of person filing. Name Lorraine Torres P.O. Box, Bldg., Room No., if any Street 745 East Miner Avenue City Stockton State California ZIP Code + 4 95202 | 4. Name, file number, and address of labor organization. Name Teamsters Local 691 Labor Organization File Number 339-153 P.O. Box, Building and Room Number, if any Street 745 East Miner Avenue City Stockton State California ZIP Code + 4 95202 |
| 5. Position in labor organization. President | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|-----------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed | On 8/11/2005 Date | (209) 522-9006 Telephone Number |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Teamsters Life

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Teamsters Life provides life insurance to employees of Teamsters Local 601. The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31, 2004.

11.b. Approximate dollar value of such dealing.

\$597

12.a. Nature of interest held or income received.

Teamsters Life sponsored a reception for attendess of the Teamsters Cannery Council seminar held on October 18, 2004 in Reno.

12.b. Amount.

\$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Vision Service Plan

Trade Name, if any: VSP

P.O. Box, Bldg., Room No., if any

Street 3333 Quality Drive

City Rancho Cordova

State California

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2479

Street 160 Airway Boulevard

City Livermore

State California

ZIP Code + 4

94551-2479

11.a. Nature of such dealing.

Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in item 11b are the fees paid to VSP during the plan year ended May 31, 2004.

11.b. Approximate dollar value of such dealing.

\$57,655

12.a. Nature of interest held or income received.

VSP provided half of the cost of food and beverages for a banquet hosted subsequent to the Cannery Council seminar held on October 19, 2004 in Reno.

12.b. Amount.

\$19

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Services Benefit Administrators, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

11.a. Nature of such dealing.

Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund. The amount in item 11b are the fees paid to the administrator during the plan year ended May 31, 2004.

11.b. Approximate dollar value of such dealing.

\$3,001,807

12.a. Nature of interest held or income received.

HSBA provided dinner subsequent to a meeting of the Executive Board of Teamsters Cannery Council on October 18, 2004 in Lake Tahoe.

12.b. Amount.

\$85